

Governor's Mental Health Task Force

08/29/13

PREVENTION AND PROTECTION SERVICES (PPS)

Contact for questions: Brian Dempsey, (785) 368-8156, brian.dempsey@dcf.ks.gov

1. Key Issues

- Children crossing catchment areas are able to obtain a timely intake but often experience service delays. The reason is their medical card remains open in the county of origin but the new community mental health centers may require forms specific to their center that needs to be completed. Some type of universal referral form for mental health services may be a solution.

2. Committee or Groups

- PPS collaborates with KDADS on various committee's to address the availability of mental health services to youth in foster care, including but not limited to PRTF discharge planning with the MCO's.
 - System Collaboration Meetings (includes DCF PPS, KDADS mental health, KDADS community supports, and DOC Juvenile Services.)
 - Complex Case Staffing (includes DCF PPS, KDADS mental health, KDADS community supports and the MCOs staff specific case of children who are entering/leaving a Psychiatric Residential Treatment Facility (PRTF))
 - PRTF Screening/Discharge Workgroup (participating in this new group that KDADS is setting up)
 - PRTF Stakeholder Group that meets quarterly to address issues around children in PRTFs
- Permanency Roundtables which address permanency for youth who are lingering in foster care includes mental health staff as a core member of the team.
- Regional DCF Staff, Family Preservation and Foster Care Providers have regularly held stakeholder meetings that include staff from Community Mental Health Centers (CMHC).
- As of this past July, providers are required to have a mental health representative on their Advisory Council.
- DCF, Providers and CMHCs also have regular communication (with appropriate release of information forms in place) and staffing regarding children served by both the child welfare and mental health systems.

3. Reports

- PPS can provide data for youth in the Secretary's custody.

4. Successful Initiatives

- PPS and KDADS are working on a statewide plan to address stringent oversight of the use of psychotropic medications for the well-being of children in foster care.

5. Outcome Data

- PPS has identified a couple questions addressing timeliness of mental health and mental health services for foster care youth. The Casereads report occur quarterly for PPS and the results are reviewed internally and shared with the regions and providers. There is

Governor's Mental Health Task Force

08/29/13

not a mental health outcome for the providers; this is the closest to a measure of mental health services for the Secretary's children.

6. Prevention Program

- None

7. Agency Possibilities

- Overall coordination with education and ongoing collaboration with KDADS and CMHCs may find efficiencies to better serve youth with possible mental health issues.

8. Research Protective Factors –

- The Center for the Study of Social Policy has identified the five protective factors in their family strengthening approach to prevent child abuse and neglect.
 1. Parental Resilience
 2. Social Connections
 3. Concrete Support in times of need
 4. Knowledge of Parenting and Child Development
 5. Social and Emotional Competence of Children

2003. Horton, C. Protective factors literature review: early care and education programs and the prevention of child abuse. Center for the Study of Social Policy: Washington DC.

REHABILITATION SERVICES (RS)

Contact for questions: Peg Spencer, (785) 368-8214, peg.spencer@dcf.ks.gov

1. Key Issues

- Crisis intervention teams as an innovative first-responder model of police-based crisis intervention with the community to assist individuals with a mental illness.
- The need for more highly qualified professionals in most rural areas (tele-medicine or other accessible technology).
- Increasing the evidence-based employment support program.

2. Committees and Groups

- The RS statewide rehabilitation council has periodically discussed mental health needs.

3. Reports

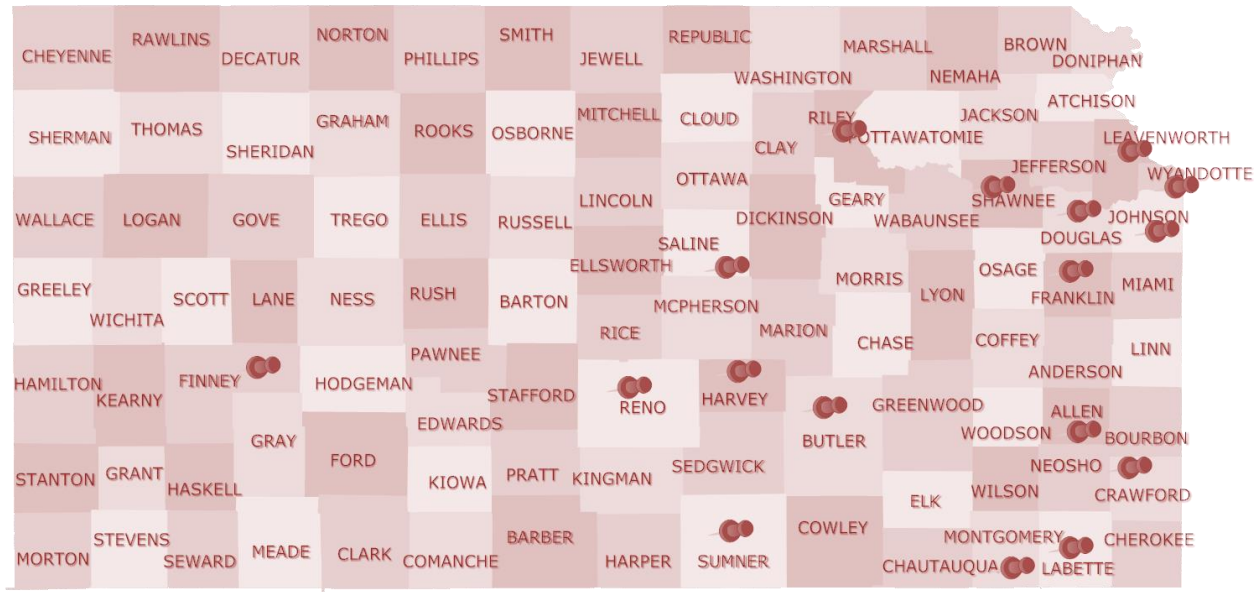
- Many statistical reports on VR services and outcomes

4. Successful Initiatives (cont.)

- KU, Mental (KDADS) and RS initiated supported employment for those with SPMI diagnosis about 10 years ago. A national initiative in select states that has successfully improved employment outcomes for Kansas.
- **RS** has service provider agreements with 17 Community Mental Health Centers statewide. Through these agreements, individuals have access to customized placement and job coaching services to help them become employed.

Governor's Mental Health Task Force

08/29/13



5. Outcome Data

- KDADS should have outcome data for the supported employment initiative. We have economic impact data for VR generally. No cost-benefit.

6. Prevention Program

- None

7. Potential Opportunities

- **Data sharing** – to identify clients receiving services from multiple agencies and facilitate coordination of services.
- **Expansion of employment programs** – Evidence-based supported employment is a well-researched approach to empower people with mental illness to achieve employment. Stable employment has been shown to be an effective component of treatment and long term mitigation of symptoms.
- **Crisis Intervention Team (CIT)** – This program is a model community initiative designed to improve the outcomes of police interactions with people living with mental illnesses. CIT programs are built on local partnerships between law enforcement agencies, mental health providers and advocates. They involve individuals living with mental illnesses and families at all levels of decision-making and planning. CIT programs typically provide 40 hours of training for law enforcement on how to better respond to people experiencing a mental health crisis. Equally important, CIT programs provide a forum for partner organizations to coordinate diversion from jails to mental health services. In many communities, CIT has served as a springboard for a broader collaboration between the criminal justice and mental health systems. Many CIT programs have included partners from the juvenile justice system, courts, corrections, homeless services, children's mental health services, the Veterans Administration and others. Many CIT programs have begun to offer trainings to correctional officers,

Governor's Mental Health Task Force

08/29/13

dispatchers, EMTs, firefighters, school resource officers, hospital safety officers and others. There are also CIT programs that offer trainings focused on responding to youth and veterans. (this paragraph copied from the website: [ww.nami.org](http://www.nami.org))

8. Research Protective Factors

- Employment is associated with many positive benefits in addition to earnings: reduction in the use of health services; symptom improvement; medication adherence; increased self-esteem; improved quality of life; functional improvement; and an increased sense of purpose and belonging.
- This model, also called the Individual Placement and Support model, has been researched and field-tested through the Dartmouth Research Center. For more information visit:

<http://sites.dartmouth.edu/ips/>

2008. Bond, G. R., Drake, R. E. & Becker, D. R., "An update on randomized controlled trials of evidence-based supported employment," *Psychiatric Rehabilitation Journal* 31, no. 4, 280-90.

2004. Bond, G. R., "Supported employment: evidence for an evidence-based practice," *Psychiatric Rehabilitation Journal*, 27, no. 4, 345-59.